

Circle one

I (was) (was not) a United States citizen at the time of attendance

I (was) (was not) a Government employee at the time of attendance

I (did) (did not) receive a cash or check advance. Total advance issued \$ from

Witness Name:	Case Number:
Social Security Number:	Case Name:
Address:	District:
City: State: Zip:	Court Location:
Telephone No. (including area code):	GTA <input type="checkbox"/> Transportation <input type="checkbox"/> Lodging

PART I – Attendance Certification (by Government Official)		Object Class	Amounts (Dollars)
Retention of these fees is considered taxable income and reportable to IRS			
A. Attendance Fees			
Deposition Dates	\$40@ days	1126	
Grand Jury/Trial Attendance Date (Including Travel)	\$40@ days	1156	
Pretrial Attendance Dates (Including Travel)	\$40@ days	1194	
Detained Dates - Citizen/Visitor In Custody	\$40@ days	1193	
Detained Dates - Deportable Alien in Custody	\$ 1@ days	1195	
		Total Fees	

B. Attendance Attestation: I attest that the witness named above attended in the case or matter indicated and is entitled to the statutory allowance for attendance and travel. In proceedings before U.S. Magistrates where more than four witnesses were called, the Magistrate also attests that the approval and certificate of the U.S. Attorney were first obtained.

Signature	Title of Authorized Government Official	Date
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PART II – Allowances		Object Class	Amounts (Dollars)		
C. Travel by Carrier (Receipts required if paid by witness) (DO NOT claim if paid by Government)					
Check one <input type="checkbox"/> Train <input type="checkbox"/> Bus <input type="checkbox"/> Air		2191			
D. Travel by Privately Owned Vehicles: <input type="checkbox"/> Auto/Truck/Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Airplane		2192			
Round trip mileage @ \$ per mile					
Total number of trips					
Less advance received \$					
E. Local Transportation & Other Expenses: ( e.g., taxi, tolls, parking, etc.) (Receipts required for parking and expenses over \$25.00) (Tips and gratuities not reimbursed)		2193			
List (item, date and amount)					
F. Meals and Lodging:		2194			
1. Travel days (1/2 day's M&IE per day) @ \$ x day(s) = \$					
2. Days away from home (full day's M&IE per day) @ \$ x day(s) = \$					
3. Actual cost of lodging, not to exceed \$ @ \$ x night(s) = \$					
(DO NOT claim if paid by Government) (Receipts are required if paid by witness)					
Less advance received \$					
G. Witness Certification:					
I certify that this voucher is true and correct to the best of my knowledge and belief, and that payment or credit has not been received by me. (If not a citizen, present your Alien Registration Record with this form)					
Witness Signature	Date				
Alien Registration Record No.					
H. Claim Verification: Based upon the above information and receipts furnished by the witness, I verify the above information is true and correct to the best of my knowledge.		Net Amount Paid			
Signature	Title of Authorized Government Official				
Date					

PART III – Certification

THIS VOUCHER IS CERTIFIED CORRECT AND PROPER FOR PAYMENT

Signature	Title of Authorized Certifying Officer	Date
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PART IV – Disbursement (for Finance Office use only)

Accounting Classification

Check/Draft No. Voucher No.

Signature	Title of Disbursing Officer	Date
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